

# **Services Information System (SIS) User's Manual**

10/1/2001

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NORTH CAROLINA DIVISION OF SOCIAL SERVICES  
SERVICES INFORMATION SYSTEM  
CLIENT ENTRY FORM



A. Client Identifying Information

DATE \_\_\_\_\_

1 CLIENT ID <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		2 CLIENT NAME, LAST <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	FIRST <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	MI <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
3 CLIENT SOCIAL SECURITY NO. <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	4 DATE OF BIRTH <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	5 COUNTY <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	6 COUNTY CASE NO. <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	7 OTHER <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

B. Service Plan

8 DECISION	9 SERVICES REQUESTED	10 SERVICE CODE	11 DATE REQUESTED	12 DATE TERMINATED	13 REASON	14 SPECIAL USE

C. Notice of Action Taken

- ☐ You will be able to receive the service which is marked "Yes" beginning \_\_\_\_\_ through \_\_\_\_\_
- ☐ you will not be able to (receive, continue to receive after \_\_\_\_\_) the service which is marked "No "because \_\_\_\_\_  
The policy we followed is found \_\_\_\_\_
- ☐ The service which is marked "Change" which you have been receiving will be \_\_\_\_\_
- ☐ you will have to pay a fee for following services:      ☐ You have agreed to share in the cost of the following service:  
Service \_\_\_\_\_ Fee Amount \_\_\_\_\_ per \_\_\_\_\_ starting \_\_\_\_\_

D. Purchase of Service

- ☐ The provider is (authorized, no longer authorized) to claim reimbursement for \_\_\_\_\_ Beginning \_\_\_\_\_  
Provider \_\_\_\_\_ Provider ID \_\_\_\_\_
- Client Address: \_\_\_\_\_ Funding source \_\_\_\_\_
- Client Phone: \_\_\_\_\_

Cost Share Amount _____ per _____ Starting _____	<b>E. Income Information</b> <table style="width: 100%;"> <tr> <th style="width: 60%;">INCOME TYPE</th> <th style="width: 40%;">INCOME AMOUNT</th> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____ PER _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____ PER _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____ PER _____</td> </tr> </table>	INCOME TYPE	INCOME AMOUNT	_____	_____ PER _____	_____	_____ PER _____	_____	_____ PER _____
INCOME TYPE	INCOME AMOUNT								
_____	_____ PER _____								
_____	_____ PER _____								
_____	_____ PER _____								
F. Social Worker's Signature _____ Date _____	NO. IN INCOME UNIT <input type="checkbox"/> DECLARATION METHOD <input type="checkbox"/> VERIFICATION METHOD <input type="checkbox"/>								

G. if you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.  By signing below, you are saying that you have given correct and complete information.      Date of signature _____  Signature _____ Witness _____	COMMENTS:
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H. Client Information

15 CASE MANAGER NAME, LAST <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	FI	MI	16 CASE MANAGER SSN <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	17 LOCAL USE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	18 SATE USE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
19 SPECIAL AREAS <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	20 REASON <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	21 LEGAL STATUS <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	22 LIVING ARR. <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	23 SEX <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	24 RACE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
EDUCATION 25 IN SCHOOL 26 HIGHEST GRADE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					

**CHILDREN SERVICES CONTINUED**

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
<b>Protective Services For Children:</b>						
CPS – Investigative Assessment	210	210	Yes	No	No	R,0,5,6,7,8,9
CPS – Intake		211	No	No	No	R,0,9
CPS – Medical, Psychological, and Medico-Legal Diagnostic Services				212	Yes	P,R,X,Z,5,6,7,8,9
CPS – Case Planning And Case Management (Child Defined as Reasonable Candidate For Foster Care)	215	215	Yes	No	No	N,Z,5,7
Protective Services for Children-Team Setting	219	219	Yes	219	Yes	P,R,X,Z,0,5,6,7,8
Unsuccessful Efforts to Locate Alleged Victim Child		220	No	No	No	0,R
Preparation for and Participation In Judicial Determinations In Juvenile Court (Preplacement)		228	Yes	No	No	Z
Other Court Related Activity (Preplacement)		229	No	No	No	A,K,P,R,Y,0
Diagnostic and Treatment Services (Non-Residential) -CPS	230	230	Yes	230	Yes	N,P,X,0,5,6,7,8,9
<b>General Services For Children</b>						
Delinquency Prevention	050	050	Yes	050	Yes	N,P,X,5,6,7,8
Family Preservation Services	121	121	Yes	121	Yes	A,K,N,P,R,X,Y,0,5,6,7,8,9
Family Support Services	122	122	Yes	122	Yes	A,K,N,P,R,X,Y,0,7,8,9
Intensive Family Preservation Services	123	123	Yes	123	Yes	A,K,N,P,R,X,Y,0,5,6,7,8,9
IFA Camping Component	241			241	Yes	R,9
Residential Treatment For Emotionally Disturbed	293			293	Yes	R
Evaluation Activities for Child Welfare Programs		320	No	320	No	K,N,P,X,Z,5,6,7,8
Children's Services Trainer	321	321	No	321	No	N,P,X,21
Other Child Welfare Services	390	390	Yes	390	Yes	N,P,R,V,0,5,6,7,8,9

**II. ADULT SERVICES**

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Day Care For Adults – Daily Care	030			030	Yes	
Day Care For Adults – Recruitment		031	No	No	No	N,X
Employment And Training Support	070	070	Yes	070	Yes	A,K,N,P,X,Y,5,6,7,8
Adult FC Recruitment and Evaluation		091	No	No	No	N,O,X
Adult Placement Services	095	095	Yes	No	No	N,X
Guardianship	107	107	Yes	No	No	N,X
Day Health For Adults	155			155	Yes	
<b>Protective Services For Adults</b>						
PS For Adults – Intake		200	No	No	No	J,N,X
PS For Adults – Evaluation	202	202	Yes	No	No	J,N,X
PS For Adults – Planning and Mobilizing	204	204	Yes	204	Yes	J,N,X,2
Resident Evaluation Identification and Prescreening Services	393	393	No	393	No	2
Resident Evaluation Services	394	394	Yes	394	Yes	2
Adult Care Home Case Management	396	396	Yes	396	Yes	2,N
Adult Care Home Screening		397	No	No	No	2,N

**VIII. WORK FIRST BLOCK GRANT**

SERVICE	DSS 5027	DSS4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Work First Information/Referral		520	No	520	No	R,9,W
Child Care		521	No	521	No	R,9,W
Case Management Without Eligibility Determination		522	No	522	No	R,9,W
Adult Care	523	523	No	523	Yes	R,9,W
Education/Training				527	No	9,W
Transportation Services				532	No	R,9,W
Participation Expenses	537			537	No	R,9,W
Transportation Retention Services	541			541	Yes	R,9,W
Child Care Retention Services	542			542	Yes	R,9,W
Other Retention Services	543			543	Yes	R,9,W
On-The-Job Training	544	544	Yes	544	Yes	R,9,W
Work First Eligibility Determination		545	No	No	No	R,9,W
Job Development and Placement	546	546	No	546	No	R,9,W
Job Search/Job Readiness	547	547	No	547	No	R,9,W
Non-Custodial Parents Case Management	548	548	Yes	548	Yes	R
Non-Custodial Parent Child Care	549			549	Yes	R
Mental Health Services	551	551	Yes	551	Yes	R,9,W
Substance Abuse Services	552	552	Yes	552	Yes	R,9,W
Subsidized Employment	553	553	Yes	553	Yes	R,9,W
Other Supportive Services	554	554	Yes	554	Yes	R,9,W
Non-Custodial Parent Other Work Related Expenses	555			555	Yes	R
Fraud Activities		557	No	No	No	R,9,W
Case Mgt. Retention Services	558	558	Yes	558	Yes	R,9,W
Child And Family Enrichment Services	561	561	No	561	No	R,9,W
Pregnancy Prevention Services	562	562	Yes	562	No	R
Individual Development Account Expenses				566	Yes	R,9,W
Non-Custodial Parents – Transportation	569			569	Yes	R
Job Access Transportation Services – Non- Custodial Parents	570			570	Yes	R
Job Access Transportation Services – Current Work First Recipients				571	Yes	R
Job Access Transportation Services – “Other” Recipients	572			572	Yes	R
Medical Insurance Premiums	573			573	Yes	9
Housing Subsidies That Do NOT Meet Federal Definition of “Assistance”	574			574	Yes	9,11
Work First Housing Expenditures – Other Than Housing Subsidies	575	575	Yes	575	No	R, 9,11
Housing Subsidies That Meet the Federal Definition of “Assistance	576			576	Yes	9,11

\*When a CLIENT ID# REQ'D is required on the Day Sheet and there is no policy requirement for using a SIS Client ID, use the EIS Individual ID #  
(10-digit number and last digit blank in column 10 on the DSS-4263)

\*NOTE: If it is a Purchased service and does not require a Client ID, it goes on the DSS-1571 Part II. If an ID is required it goes on the DSS-1571 Part IV

**Special Instructions:** For families that do not receive a monthly Work First check, a case must be opened in SIS. An EIS or SIS ID is required.

**574 – Housing Subsidies That Do Not Meet Federal Definition of “Assistance”** means rental or mortgage subsidies that are provided for fewer than 4 months, including emergency housing assistance. Families eligible for these housing subsidies must be Work First Family Assistance recipients or families with income at or below 200% of the federal poverty level who meet all eligibility requirements for that group.

Work First Housing Pilots: If this service is part of the Work First Housing Pilot, Program Code 11 must be used.

For all counties, housing subsidies that are not part of the Work First Housing Pilot are funded solely with MOE funds (Program Code 9). To prevent the consequences of “assistance,” including the time clock, inclusion in federal participation rate, etc., all housing subsidies are considered a Separate State Program. Since these housing subsidies **do not** meet the federal definition of “assistance,” the federal Separate State Program reporting is **not** required.

**Special Instructions:** For families that do not receive a monthly Work First check, a case must be opened in SIS. An EIS or SIS ID is required (on the DSS-1571 Part IV).

**575 – Work First Housing Expenditures – Other Than Housing Subsidies** means any costs, other than subsidies, used to provide housing assistance to eligible families. This may include costs such as, staff time for a housing coordinator, housing/financial counseling, costs associated with operation of the Work First Housing pilots, and contracts with non-profits to provide housing assistance. Since no housing subsidies are involved, funding may be either federal or MOE.

Work First Housing Pilots: If this service is part of the Work First Housing Pilot, Program Code 11 must be used.

**Special Instructions:** For families that do not receive a monthly Work First check, a case must be opened in SIS. An EIS or SIS ID is required (on the DSS-4263).

**576 – Housing Subsidies That Meet Federal Definition Of “Assistance”** means rental or mortgage subsidies that meet the federal definition of assistance. A detailed description of the federal definition of assistance can be found in Section 102 of the Work First Manual. However, in general terms related to rental or mortgage subsidies, it is subsidy payments that are provided for more than 4 months. Families eligible for these housing subsidies must be Work First Family Assistance recipients.

Work First Housing Pilots: If this service is part of the Work First Housing Pilot, Program code 11 must be used.

For all counties, housing subsidies that are not part of the Work First Housing Pilots are funded solely with MOE funds (Program Code 9). To prevent the consequences of “assistance,” including the time clock, inclusion in federal participation rate, etc., all housing subsidies are considered a Separate State Program.

While none of the other consequences of providing “assistance” occur since this is a Separate State Program, there is a substantial federal Separate State Program reporting requirement. The

federal reporting is on the entire family's situation, income, as well as information about each individual family member. A specific format is federally prescribed and the reporting must be submitted to the Economic Independence Section no later than the 10<sup>th</sup> of the month following the month the assistance is received. If you plan to provide housing subsidies that meet the federal definition of assistance, contact the Automation/Performance Planning Unit of the Economic Independence Section (919-733-7831) for the required format.

**Special Instructions:** An EIS ID is required (on the DSS-1571 Part IV).

## **County-Specific Program Codes**

Use of the following Program Codes is limited to specific counties.

**M. Community Child Protection Fund**

Community Child Protection Team grant funds are state funds used to support child protection projects or initiatives. Allowable costs include direct payment for services to children and families, contracted services, and administrative cost. Awards are granted to local Community Child Protection Teams annually based on proposals submitted by the team and approved by NCDSS/DHHS.

**Q. Family Preservation Fund**

A combination of State and Federal funds to operate a program of Family Preservation, community-based family support services, time limited family reunification services, and adoption promotion and support services. Awards for the funds are based upon proposals submitted by counties and approved by NCDSS.

**4. Smart Start**

Smart Start is North Carolina's public-private early childhood initiative for children under six and their families, whose goal is to help all children enter school healthy and ready to succeed. Smart Start helps assure access to affordable high quality childcare, provides health services and screenings, and offers resources for family support. Smart Start funds are administered statewide through 81 local partnerships, with local decisions made to meet the communities' specific needs. All costs associated with the provision of allowable services are included.

**30. IV-B1 (Family to Family – Casey Foundation)**

Program Code 30 identifies a specific funding stream for exclusive use with the Family to Family initiative (Annie E. Casey Foundation). The funds are federal IV-B1 funds and are capped allocations to each of the five counties (Durham, Cumberland, Guilford, Mecklenburg and Wake) participating in the initiative.

**11. TANF Housing Initiative**

A special allocation of 100% Federal TANF funds for the provision of housing related subsidies and services through pilot projects in specific counties.